



## Montana Asthma Control Program Individual School Nurse Mini-Grant Application

Please complete the following information and return it by mail or fax to:

Attn: Matthew Herington, Montana Asthma Control Program

PO Box 202951

Helena, MT 59620-2951

Phone: 406-444-0995

Fax: 406-444-7465

\*\*\*Alternatively, you may use the "Submit" button on the second page of this application to submit this form via e-mail.\*\*\*

### Step 1: Contact Information

Name	
Nursing Credentials	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> NP Other, specify:
E-mail Address	
Home Address	
Work Address	
Phone Number	
County	

### Step 2: Background Information

1. For which schools or districts do you provide nursing services?
2. Approximately how many students do you provide nursing services for?
3. How many hours per week do you provide nursing services in the school setting?
4. Briefly describe how asthma affects the students in your care. Include the approximate number of students with known asthma in your school(s).
5. How will this grant assist you in providing help to students with asthma?

### Step 3: Choose a Project

Check the box beside the project you will implement.

- ☐ School Staff Training
- ☐ Partnering with Parents
- ☐ Assessing Asthma Friendly School Policies and Practices
- ☐ Home Environmental Assessments
- ☐ Teaching an Asthma Self-Management Curriculum

A full description of each project is attached to this application. For further clarification about any of the projects, please contact Matthew Herington at the Montana Asthma Control Program: 406-444-0995.

**Step 4: Letter of Support**

Attach one letter of support from a school administrator on official letterhead to this application. The letter should indicate his or her approval of the project and support of your efforts. No special form is required.

**Part 5: Budget**

For individual grantees, the grant provides an award of \$500. Please indicate below how you intend to allocate the award money. You may use the money to compensate yourself for your time, purchase supplies and make copies, cover meeting expenses and travel, purchase demonstration tools, or for any other activity that is related to improving asthma outcomes at your school. A sample budget is provided, but this serves as a recommendation only, as expenses will vary based on the project chosen. You may allocate the money as you see fit.

	Sample Budget	Your Budget
Hourly Wage	\$350	
Printing/Copying	\$50	
Meeting Expenses	\$30	
Travel	\$20	
Other	\$50	
Total	\$500	\$500

**Part 5: Signature**

I certify that the information presented herein is accurate. If I am chosen to receive the award, I will complete the project and return the outcomes report to the Montana Asthma Control Program by December 15, 2010. If I receive the award, I give permission for my name and the news of my award to be released to my school's administration and board, as well as to the local media.

Signature \_\_\_\_\_  
(For e-mail submission, type your name above.)

Date: \_\_\_\_\_

Thank you for applying for a school nurse mini-grant. If you do not hear from us within two weeks of applying for the award, please contact Matthew Herington directly at 406-444-0995.